

# Girls Youth Basketball Clinic Form 2015

Mt. Vernon Parks & Recreation Wildcat Youth Basketball

1<sup>st</sup>-6<sup>th</sup> grade

**Please fill out this form and return to the Parks & Rec office (at the Hedges building) by Friday (Oct. 30<sup>th</sup>)**

Coach Blair and High School Girls Players will be leading clinic.

**Fees: \$20 per participant**

Cash or Check only. **Check payable to: Mt. Vernon Parks & Recreation**

**2<sup>nd</sup>-5<sup>th</sup> grade automatically enrolled with Parks and Rec Form and Payment**

**Clinic Date: November 7<sup>th</sup>**  
**Times: 8:30am-10am 1<sup>st</sup>-3<sup>rd</sup> grades**  
**10:30am-12pm 4<sup>th</sup>-6<sup>th</sup> grades**

(Participant) Name \_\_\_\_\_ Grade: 1<sup>st</sup> 6<sup>th</sup>  
Address \_\_\_\_\_ School \_\_\_\_\_  
Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Email \_\_\_\_\_

Each Participant will receive

## **PARENT/GUARDIAN PERMISSION:**

**(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)**

We/I hereby grant permission for my child \_\_\_\_\_ to participate in the: *Youth Basketball League*.

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Department, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved.

Date: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

## **Contact Information:**

Father: Name \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother: Name \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Rec. # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By \_\_\_\_\_